SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY-WISCONSIN

Date Stand (Received)

MAY 2 4 2013

Permit #: 13-0103 ENTERED

Date: 5-39-18

Amount Paid: \$150

Refund: 5-34-13

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Secretarial Staff	₹	211C 0 0 70 M	Rec'd for Issuance	With the same of t	□ Municipal Use			Commercial Use				X Residential Use			Proposed Use	Proposed Construction:	Existing Structure:	The state of the s			70,000	\$1000	. I.	material	Value at Time of Completion * include donated time &	☐ Non-Shoreland	୬ Shoreland —		Section #		1/4,	PROJECT LOCATION	Authorized Agent: (Pe) And Ve W	Cleary	100 Tran	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED>
			Ince		se			Use				Jse			1	iction:	; (if permit bei		Property	Run a Business on	☐ Relocate (existing bldg)	Conversion	New Constitution	New Const	<b>Project</b> (What are you applying for)		Is Property	Creek or Lan		~	Part Just	Legal Description:	Prson Signing Applic	Dullings (7)	1000			QUESTED→►
Other: (explain)	Conditiona	Special Use: (explain)		Accessory Building	Addition/Alteration	Mobile Ho	Bunkhouse			- Committee of the Comm			Kesidence	Principal St			ng applied for i	MANAGE STATE		<u>'</u>	-	9	-				/Land within 1	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	-	44	Gov't Lot		atidn on behalf o	ر م	Z.	5		* IAND USE
ain)	Conditional Use: (explain)	: (explain)	Ö	Accessory Building Addition/Alteration	3	I of	w/ (☐ sanitary, o	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	ructure (first str			(if permit being applied for is relevant to it)		Foundation	□ No Basement		2-Story * Lose		X 1-Storv	# of Stories and/or basement		Lake,	100 feet of River, St	M, mail6c w	7	Lot(s)	(Use Tax Statement) 04-	5	5		/ § \$	\$\$\frac{0}{2}\$\fr	□ SAN
HADDWAY 1975	Manuser - 1	- Add the second		(spec	3	date)	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or	arage				disk man a	g vilden, etc.)	Principal Structure (first structure on property)	Proposed Structure	Lengin:	Length:				an income	S Con Nounc	C Vers Bound	Seasonal	t Use		Pond or Flowage If yescontinue —▶	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain? If yescontinue ————————————————————————————————————		Town of:	CSM Vol & Page	100-001-1-00-1-4-07-27-2 05-004-1000C	393	458-3233	COLLUI	City/State/Zip:	Mailing Address:	RY   PRIVY
The second secon	deer .	- Lawrence	7	oify)		A A A A A A A A A A A A A A A A A A A		- Treaththmrear							ure	10	ا د ا			✓ None		<b>3</b> 1	- 1	1	# of bedrooms		Distance Stru	Distance Stru	COMMONO		Lot(s) No.	-27-205	16100 Eagle		1,68,45	, DCC+ 11	dress: City/State/Zip	CONDITIONAL USE
			The state of the s		ALL THE PARTY OF T	7	cooking & food prep facilities)	and an analysis of the state of	***************************************							T L		None		☐ Portable (w/service con		- 1	ı	☐ Municipal/City	l Sewe Is o		Distance Structure is from Shoreline:	Distance Structure is from Shoreline :		- Tables	Block(s) No.		Funda city/sti			neado) + r	City/State/Zip:	USE SPECIAL USE
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	_	_		_   9		- -	-	)	_	_	)		_ -	-	15	neight:	Height:				200 gallo	COMV			7		lo s	erty in in Zone?	12,	Acreage		Page(s)	Attached  X Yes		Plumber Phone	Cell Phone:	Telephone:	
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Authorized Agent

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Address to send permit //eloO

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5492 If you recen

Attach
Copy of Tax Statement
ntly purchased the property send your Recorded Deed

any this application)

Date

23

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Date

5-23-14

Owner(s) (If there are Multiple Own

slisted on the

Deed All Owners dust sign or letter(s) of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

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Date of Appropries	wasper	15 141.	John Diego	Mo wall yng
	(If <u>No</u> they need to be attached.)  If they need to be attached.)	Tes DNO-	Conditions	imittee or
Date of Re-Inspection:	turtele	nspected by: 🎢		ion: リック・ファック・ファック・ファック・ファック・ファック・ファック・ファック・ファ
Zoning District $(\mathcal{R}^{-1})$ Lakes Classification $(-1)$		I setbade.	Mosts all.	Inspection Record:
	Were Property Lines Represented by Owner Was Property Surveyed		ated XSYes □ No	₽₹∣
Case #:	Previously Granted by Variance (B.O.A.)		e#;	Ď, ⊢
Affidavit Required Yes XNO Affidavit Attached Yes XNO	Mitigation Required □ Yes X No	d) K No	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	Ship of
	9	<b>2</b> )		Permit # コルーンファ
Sanitary Date:	# of bedrooms:	Sanitary Number:	y Use Only)	Issuance Information (County Use Only)
<u>ig Tank (HT), Privy (P)</u> , and <u>Well (</u> W). e has not begun, e Uniform Dwelling Code.	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	(\$) of New Construction, see Expire One (1) Year from Two Family Dwelling: ALL Iwn, Village, City, State or F	take or Mark Proposed Location  NOTICE: All Land Use Permi For The Construction Of New One & .  The local To	(9) Stake or Mark F  NOTICE: For The Construc
must be measu	other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proportionally surveyed corner to the owner's expense.	ner's expense. but less than thirty (30) feet from terfiable by the Department by use	licensed surveyor at the ow ure more than ten (10) feet lously surveyed corner, or v sense.	other previously surveyed corner or marked by a Prior to the placement or construction of a struct one previously surveyed corner to the other prev marked by a licensed surveyor at the owner's exp
150 ±	boundary line from which the setback must be measured	he minimum required setback, the	sting)	o Drain I
500 ≠ Feet	Setback to Well		Tank	Setback to Septic Tank or Holding Tank
WH Feet	Elevation of Floodplain	1/0+ Feet	•	Setback from the West Lot Line Setback from the East Lot Line
600 t Feet	Setback from Wetland	NH Feet	Lake.	Setback from the <b>North</b> Lot Line Setback from the <b>South</b> Lot Line
ek W Feet	Setback from the Bank or Bluff	\rightarrow -	t-of-Way	104 1 -
Measurement / 7/0 £	Description Description			Description
by the Plani	Changes in plans must be approved	~ 1 TO	Setbacks: (measured to the closest point)	(8)
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A A MILLION OF THE PARTY OF THE	%	ds; or (*) Stopes over zo:	(*) Wetian	(7) Show any (*):
and/or(*)Privy(P)	All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) I (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Lake; (*) River; (*) Classification (*) Pond	Structures on your Prop '); (*) Septic Tank (ST); (*) ) River; (*) Stream/Creel		(3) Show: (4) Show: (5) Show any (*):
	d (Name Frontage Road)	North (N) on Plot Plan   *		(2) Show / Indicate: (2) Show   Orgation of (*):

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Date: Refund: Permit #: Amount Paid: 3007 5-28-13 (ENTERED)

#75

INSTRUCTIONS: No per Checks are made payal DO NOT START CONSTI

TRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	ible to: Bayfield County Zoning Department.	ermits will be issued until all fees are paid.
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HOW DO I FILL OUT THIS APPLICATION (visit our website www.	DAVISION CO. Zoning Dent	
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ayheldcounty.org/zoning/as		

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	×	_				Conditional Use: (explain)				
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Square Footage	Dimensions	Di		O	Proposed Structure		<b>~</b>		Proposed Use	
And the state of t	neignt:		Width:		Length:			uction:	Proposed Construction:	
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☐ City	100 Control of the Co	<b>Y</b>	☐ Municipal/City		☐ Seasonal	☐ 1-Story	New Construction	New Co	lid(elid)	
Water	hat Type of Sanitary System the property?	What Type of /Sanitary Syste In the property?	Wi Sewer/ Is on	# of bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)	(What are y	of Completion * include donated time &	
			<b>S</b>						Value at Time	
									□ Non-Shoreland	
⊠ Yes	¥.No	<del>``</del>	cture is from Shoreline :	Distance Structure	Pond or Flowage If yescontinue →	Lake,	erty/Land withir	☐ Is Prop	∑snoreland —	
Are	Is Property in Floodplain Zone?	7	500 + fee	Distance structure	1	reek or Landward side of Floodplain? If yescontinue	Creek or Landward side of Floodplain?	Creek or	<b>d</b> 2	
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* ge	Acreage	Lot Size		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Town of:	N, Range W	45	, Township	Section 2	
		Subdivision:	Block(s) No.	Lot(s) No.	// Vol & Page	Lot   Lot(s)   CSM	Gov't Lot		N E 1/4.	
e(s) 70	504 Page(s)	Volume	000-20000 V	4-401-0	04-019-2-46-07-24-401-	(Use Tax Statement) 04- $\mathcal{D}$		Legal Description:	PROJECT LOCATION	<b>Y</b>
perty Ownership)	Recorded Document: (i.e. Property Ownership)	ecorded D	R	And the second of the second	3 digits)	- <b>'Nid</b>				
Written Authorization Attached	Written A	te/Zip):	Agent Mailing Address (include City/State/Zip):	ent Mailing Ado	Agent Phone: Ag		(Person Signing Application on behalf of Owner(s))	erson Signing /	Authorized Agent: (F	
Phone:	Plumber			Plumber:	ļ			\$ P	Contractor:	·
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L C	).A.	Ç	ONAL USE SPECIAL	CONDITIONAL USE	□ PRIVY	SAN	► K LAND USE	EQUESTED:	TYPE OF PERMIT REQUESTED.	
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Owner(s): Culture on the Deed All Owners must signor letter(s) of authorization must accompany this application) I (we) declare that this application (including any accompar am (are) responsible for the detail and accuracy of all infor-may be a result of Bayfield County, relying or this informa-above described property at any reasonable time for the fu-FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Inv accompanying information) has been examined by me (us) and to the best of my four) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) cy all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which chin plants I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the pripose of inspection. Date 5-22-13

Authorized Agent:

Address to send permit

(F y

u are signing on behalf of the ov iner(s) a letter of authorization must accompany this application)

70. Bex 167 Drommond, WI

Attach

Copy of Tax Statement V

If you recently purchased the property send your Recorded Deed

Date

SURMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: PO Box 58 Washburn, WI 54891 (715) 373-6138 Bayfield County Planning and Zoning Depart.

BAYFIEAD COURTE, WISCONSIN APPLICATION FOR PERMIT MAY 242013

Amount Pai Refund: Date: Permit #: 13-008 DK4 \*/

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department

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Checks are made payable to:

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yes—continue —▶	section 10 , I ownship 11 N, Range / W		$\frac{1}{3}\frac{5}{5}\frac{5}{1/4}$ , $\frac{5}{5}\frac{E}{1/4}$   Gov't Lot   Lot(s)	PROJECT Legal Description: (Use Tax Statement) 0.		Authorized Agent: (Person Signing Application on behalf of Owner(s))		49035 us Hou 63		Debbie Kinjajo	Owner's Name:	TYPE OF PERMIT REQUESTED—>   2 LAND USE   SANITARY   PRIVY	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Stream (incl. Intermittent) If yescontinue —		Town of:	CSM Vol & Page	<u>PIN: (23 digits)</u> 04- りるープー 44-0		Agent Phone:	Contractor Phone:	Orumanor	City/State/Zip:	Showe	Mailing Address:		
t) Distance Structure is from Shoreline:	けつびかつざる		ge Lot(s) No. Block(s) No.	PIN: (23 digits) 04-818-2-44-07-18-404-000-10000		Agent Mailing Address (include City/State/Zip):	Plumber:	Drummond WIF 54832			City/State/Zip:	☐ CONDITIONAL USE ☐ 9	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)
<b>*</b>		Lot Size	o. Subdivision:			:)ty/State/Zip):		٥				☐ SPECIAL USE ☐ B.O.A.	N (visit our website www
Is Property in Are Wetlands Floodplain Zone? Present?	20	Acreage		Recorded Document: (i.e. Property Ownership) Volume 1039 Page(s) 376	Attached  □ Yes 💥 No	Written Authorization	Plumber Phone:		Cell Phone:	) (	Telephone:	O.A. OTHER	.bayfieldcounty.org/zoning/asp)

 $\Pi$ 

Non-Shoreland

☐ Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue

₽

Distance Structure is from Shoreline :

Is Property in Floodplain Zone?

Yes

NNo

Are Wetlands
Present?

Pes

No

Proposed Construction:	<b>Existing Structur</b>				-	(10,000 (10,000)	ہ ز		Value at Time of Completion * include donated time & material
<b>1</b> 103.	Existing Structure: (if permit being applied for is relevant to it)		Property	☐ Run a Business on _	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration □ 1-Story + Loft	メ New Construction	Project (What are you applying for)
	or is relevant to it)		☐ Foundation	☐ No Basement	□ Basement	☐ 2-Story	- 1-Story + Loft	又 1-Story	# of Stories and/or basement
length:	Length:						💆 Year Round	☐ Seasonal	Use
_				X None		3	□ 2	1	# of bedrooms
がはた	Width:	☐ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: (10/1)	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary Syste Is on the property?
Height:	Height:			ntract)	ulted (min 200 gallon)	_		uman pipulan mara mara mara mara mara mara mara ma	Type of itary System property?
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Proposed Use	` \	Proposed Structure	D	Dimensions	Square Footage
		Principal Structure (first structure on property)		× )	
		Residence (i.e. cabin, hunting shack, etc.)	•	x }	
·		with Loft	_	× •	
X Residential Use		with a Porch	(	x )	
		with (2 <sup>nd</sup> ) Porch	(	× )	
		with a Deck	)	x )	
		with (2 <sup>nd</sup> ) Deck	(	x )	
☐ Commercial Use		with Attached Garage	(	x )	
		<b>Bunkhouse</b> w/ ( $\sqsubseteq$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	(	× )	
		Mobile Home (manufactured date)		× }	
		Addition/Alteration (specify)	(	x }	
Municipal Use	X	Accessory Building (specify) GPRAGE	ζ ,	28 × 30 )	048
		Accessory Building Addition/Alteration (specify)	^	×	,
Rec'd for Issuance				-	
		Special Use: (explain)		×	
		Conditional Use: (explain)	(	× )	
		Other: (explain)		×	

**Authorized Agent:** (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Secretarial Staff

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[ we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) property at any reasonable for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield county** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the pureose of inspection.

Owner(s): X J S D C T A 3 - 13

Attach
Copy of Tax Statement V
If you recently purchased the property send your Recorded Deed

 $\mathcal{O}$  19-1017–0 $\mathcal{G}$   $\mathcal{G}$   $\mathcal{G}$  applicant - please complete plot plan on reverse side

Address to send permit

59ME

above

Date

Mo water with presume in Structure May Mot De Wes John Marian Mar	pected by: M. Autal.   Lakes Classification (	ection Record:    Market   Mar	Case #:  V Created   MYes □ No	☐ Yes ②No Affidavit Attached ☐ Yes ②No Affidavit Attached ☐ Previously Granted by Variance (B.O.A.)	37-/3 Mitigation Required □Yes ∑No Affidavit Required	e Information (County Use Only)  Sanitary Number:  nied (Date):  Reason for Denial:	ation(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (Hermits Expire One (1) Year from the Date of Issuance if Construction or Use has not Inne & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform scal Town, Village, City, State or Federal agencies may also require permits.	's expense. t less than thirty (30) feet from the minimum required setback, the boundary line from which fable by the Department by use of a corrected compass from a known corner within 500 fee	Setback to Septic Tank or Holding Tank  Setback to Drain Field  Setback to Drain Field  Setback to Privy (Portable, Composting)  Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyer.		from the Established Right-of-Way  Aud to Feet Setback from the River, Stream, Creek  Setback from the Bank or Bluff  Feet Setback from the Bank or Bluff	Description  Measurement  Description  Measurement  Description  Description  Description	Please complete (1) – (7) above (prior to continuing)  US HWY 63 changes in plans must be approved by the Planning & Zo  (8) Setbacks: (measured to the closest point)	280	Sa Sa	Show any (*):	(5) Show: (*) Well (W); (*) Septic Tank (ST): (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	Show:
5	ffication ( <b>VA</b> )  Inspection:		LNo	□Yes	uired □ Yes ⊅ÇNo	ite:	(P), and <u>Well</u> (W). Code.	measured must be visible from of the structure, or must be	Feet Feet previously surveyed corner to the	Feet WH Feet	WA Feet	rement	ed by the Planning & Zoning Dept.				(P)	